MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09/601255	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2							52							
3	1						53							
4							54							
5		1					55							
6							56							
7	1						57							
8							58							
9	1						59							
10							60							
11		1					61							
12							62							
13							63							
14		1					64							
15	1						65							
16		1					66							
17							67							
18							68							
19	1						69							
20	1						70							
21	1						71							
22		1					72							
23							73							
24	1						74							
25							75							
26		1					76							
27							77							
28	1						78							
29							79							
30	1						80							
31							81							
32		1					82							
33							83							
34	1						84							
35		1					85							
36	1						86							
37		1					87							
38	1						88							
39		1					89							
40							90							
41		1					91							
42	1						92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	22						TOTAL IND.							
TOTAL DEP.	8						TOTAL DEP.							
TOTAL CLAIMS	30						TOTAL CLAIMS							

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE
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